## Residential Alternatives of Illinois, Inc. 285 South Farnham Street Galesburg, IL 61401

April 5, 2017

RECEIVED

DEC 1 1 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

Ms. Courtney Avery Administrator Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1125.520.(3).

John P. Kniery

incerely yours,

President of the Board of Directors

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HEALTH FACILITIES & SERVICES REVIEW BOARD

Ms. Courtney Avery Administrator Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

John P. Kniery

President of the Board of Directors

State of Illinois County of Songamon

Subscribed and sworn to before me

Signature of Notary

OFFICIAL SEAL CHRISTOPHER DAVIS

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES FEBRUARY 13, 2018